Mailing Address 851 5TH AVE. NORTH

NAPLES FL 33940

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000004720 1. Corporation Name

Principal Place of Business

851 5TH AVE. NORTH NAPLES FL 33940

SOUTHWEST COAST INFUSION SERVICE, INC.

2. Mailing Address 21						3. Date Incorporated or Qualifed		
281 362 Goodlette Road South 65-0465027 Rot Applice Suite, Apt. #, etc. South, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. South, Apt. #, etc. Suite, Apt.						01/10/1994		A - aliand Fam
Suite, Apt. #, etc. 22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 28 Na.p.1.es FL	2. Principal P	tace of Business	<u> </u>					
27						65-0465027		L
City & State City & State City & State City & State Say Na ples FL State City & State Say Na ples FL State City & State Say S		#, etc.				5. Certifcate of Status Desired	T ++	
23 28 Na p Les FL 1 1 1 1 1 1 1 1 1		ie .	City & State			6. Election Campaign Financing	\$5.	00 May Be
Zip Country Zip Country Zip Country Zip Country Zip	23		Naples	${ t FL}_{-}$		Trust Fund Contribution		ted to Fees
9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register office or registered agent, or both, in the State of Florida. Such change was subthorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and faculty the obligations of Section 607.0502 and 607.1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of agent. Jam familiar with, and accept the obligations of Section 607.0502, Florida Statules, the above-named corporation's board of directors. I hereby accept the appointment as registered agent agent and familiar with a purpose of printed agent agent and familiar with a submitted by the corporation's board of directors. I hereby accept the appointment as registered agent. Jam familiar with, and accept the obligations of Section 607.0502, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register agent agent and familiar with a submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and the familiar with a submitted by the corporation's board of directors. I hereby accept the appointment as registered agent, and a corporation authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and a corporation's board of directors. I hereby accept the appointment as registered agent, and a corporation's board of directors. I hereby accept the appointment as registered agent and a corporation's board of directors. I hereby accept the appointment as registered agent agent and a		Country	Zip	Countr	у	8. This corporation owes the current	year Intangible	
BROWN, THOMAS R 2660 AIRPORT RD. SOUTH NAPLES FL 33962 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalum, typeed or printed name of registered agent and title if applicable. PACTE Registered Agent signalum intermittation. PACTE Registered Agent signalum intermi	24	25	29 34102	30 USA		Personal Property Tax.	☐ Yes	□No
BROWN, THOMAS R 2660 AIRPORT RD. SOUTH NAPLES FL 33962 81 62 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 67 682 Street Address (P.O. Box Number is Not Acceptable) 883 884 City FL 885 Zip Code 686 City FL 885 Zip Code 687 686 City FL 885 Zip Code 687 686 City FL 885 Zip Code 687 687 688 City FL 885 Zip Code 688 City FL 887 City FL 887 City FL 887 City		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	istered Agent	
2660 AIRPORT RD. SOUTH NAPLES FL 33962 82 Street Address (P.O. Box Number is Not Acceptable) 83 City				8	1 Name			
NAPLES FL 33962 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the appointment of the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, page or printed name of registered agent and tills if applicables.				<u>.</u>	2 Stroot Add	trocs (P.O. Roy Number is Not Acceptable	<u> </u>	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, speed or printed name of registered agent and litle if applicable. INOTE: Registered Agent alignature required when reincitating) DATE	2660) AIRPORT RD. SOUTH		10	2) Sileet Add	iless (F.O. box Number is Not Accopiable	-,	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE	NAP	LES FL 33962		8	3			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE. Registered Agent signature required when reinstating) DATE								
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent than the state of Florida. Statutes of Cronda Statutes of C				8	4 City		FI 85	Zip Code
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida State of Registered Agent signature required when reinstating) DATE	11 Purquent	to the provisions of Sections 607.050	02 and 607 1508. Florida Statut	tes the abo	ve-named corr	poration submits this statement for the pu	roose of changin	g its registered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstaking) DATE	office or r	egistered agent, or both, in the State	of Florida. Such change was a	iuthorized b	y the corporati	ion's board of directors. I hereby accept ti	ne appointment a	s registered
12.	agent. I a	m familiar with, and accept the obligation	ations of, Section 607.0505, Flo	orida Statute	es.			
12.	SIGNATURE		41075	Discustance A.		od when rejectating)	DATE	
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADORESS

GAMBLE, DELORES

NAPLES FL

C/O 350 7TH STREET NO.

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90241 042 ***150.00

DO NOT WRITE IN THIS SPACE

537874-90241-42 PA4000004720

1999-2000 Board of Directors Southwest Coast Infusion Service, Inc.

Preston, Ernest R., Jr. 350 7th Street No. Naples, FL 34102 Director